

**WAITING LIST FORM**

1. Person's ID		2. Person's Name	
<b>Personal Characteristics</b>			
<b>10. DISABILITY (Circle up to 6)</b> AO Adjudicated offender AU Autistic BA Behavioral-aggressive BL Blind-disabled BS Behavioral-self-abusive CP Cerebral Palsy DD DD, non-MR DF Deaf-disabled HT Brain Trauma LD Learning disability/Borderline MD Special Medical Needs MI Dual-diagnosis (mental illness/DD) MR Mental Retardation NO Naive offender PW Prader-Willi CC Contact Case Manager	<b>11. MENTAL RETARDATION LEVEL</b> M Mild D Moderate S Severe/Profound O Other disability / not MR	<b>14. MOBILITY</b> A Ambulatory D Walks with devices W Usually in wheelchair B Confined to bed	
	<b>12. TYPE OF OFFENSE</b> (Complete if Disability is NO or AO - Circle up to 3) P Property S Sexual A Assault	<b>15. MEDICATION SUPERVISION</b> I Intense supervision V Supervision M Self-medicated N None	
	<b>13. ASSISTANCE PROGRAMS</b> (Circle all that apply) M Medical card S SSI	<b>16. MARRIAGE / FAMILY STATUS</b> S Single M Married C Married with children	
<b>ICAP (if available)</b>	<b>20. MALADAPTIVE SCORE</b>	<b>21. BROAD INDEPENDENCE</b>	<b>22. SERVICE LEVEL INDEX SCORE</b>

**Waiting List Entries**

<b>PREFERRED LOCATION (Leave blank for statewide, or for a specific location, choose one of 33 or 34)</b>						
30. SERVICE	31. ENTRY DATE ____/____/____ DD MM YY	32. PRIORITY OF NEED 1 Critical 2 Immediate 3 Future	33. AREA OR circle up to 4 district areas Enter 1A 2A 2C 2S 2T 3A Dist- 4A 5A 6A 7A 7B Office____ _	34. PROVIDER ID	36. END ENTRY Y	37. CLOSURE REASON
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40. WORKER ID	41. WORKER NAME	42. TO ENTRY DATE OF ENTRY INIT____ _ ____/____/____ DD MM YY